

Docket No.: 10404.026.00-US  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Alexia BALLAND-LONGEAU et al.

Customer No.: 30827

Application No.: 10/523,642

Confirmation No.: 1261

Filed: February 4, 2005

Art Unit: TBA

For: POLYPHENYLENE-TYPE POLYMERS,  
PREPARATION METHOD THEREOF,  
MEMBRANES AND FUEL CELL DEVICE  
COMPRISING SAID MEMBRANES

Examiner: Not Yet Assigned

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.  
371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

Dear Sir:

In response to the Notification Of Missing Requirements Under 35 U.S.C. 371 In The United States Designated/Elected Office (DO/EO/US) mailed August 18, 2005, Applicants respectfully submits:

- Copy of Notification of Missing Requirements Under 35 U.S.C. 371 In The United States Designated/Elected Office (DO/EO/US);
- Declaration and Power of Attorney;
- Assignment Recordation Cover Sheet/Assignment of Application/Recordation Filing Fee;
- Petition for Extension of Time under 37 CFR 1.136(a); and

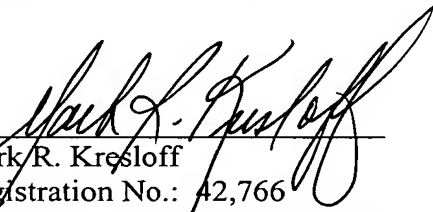
- Surcharge; Check in the amount of \$130.00

In light of the foregoing, this application is deemed to be in proper condition for examination and such favorable action is earnestly solicited.

If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time, or any other fees required to complete the filing of this response, may be charged to Deposit Account No. 50-0911. Please credit any overpayment to deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed.

Dated: November 17, 2005

Respectfully submitted,

By   
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JC10 Rec'd PCT/PTO 17 NOV 2005

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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Effective on 12/08/2004  
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL FOR FY 2005

## Complete if Known

Application Number	10/523,642
Filing Date	February 4, 2005
First Named Inventor	BALLAND-LONGEAU, Alexia
Examiner Name	TBA
Art Unit	TBA
Attorney Docket No.	10404.026.00-US

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$290.00)

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account ☐ Deposit Account Number 50-0911 ☐ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
_____ - 20 or HP = _____	x _____	= _____		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>11/22/2005</b>	<b>6FREY1</b>	<b>00000110</b>	<b>10523642</b>
_____ - 3 or HP = _____	x _____	= _____					

HP = highest number of independent claims paid for, if greater than 3

**01 FC:1617** **130.00 OP**

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

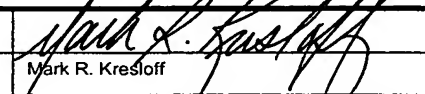
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

### 4. OTHER FEE(S)

Petition for One-Month Extension-of-Time

Other: <u>Late Oath/Declaration Surcharge and Assignment Recordation Filing Fee</u>	<b>Fee Paid (\$)</b>
	<b>120.00</b>
	<b>170.00</b>

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Mark R. Kresloff	42,766	Date November 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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